

Insurance Billing Policy

We will gladly try to answer any questions you may have relating to your insurance coverage. You need to realize however that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. **Individual employers set all the parameters of coverage with your insurance company.**
2. Our fees are considered to fall within the acceptable range by most insurance companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies to companies that pay a percentage (such as 50% or 80%) of U.C.R. U.C.R. is defined as usual, customary, and reasonable by most companies. This statement does not apply when reimbursement is based on the arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Your insurance can arbitrarily select services that they will not cover.
4. Your policy may state you have 100% coverage on a certain procedure, please be aware that a deductible may still apply.
5. Any information our office gives you regarding your insurance coverage is an estimate. We make these estimates based on the available information. We have invested in the most innovative equipment to keep us current on most policy changes, but we are not responsible for decisions regarding payment by your insurance company.
6. Insurance policies have a yearly maximum. This office is not responsible to monitor the amount of benefits used year to date. If you would like us to check your insurance, please let us know.

Pennsylvania State Law stipulates that insurance companies must process properly submitted claims within thirty working days. If we don't receive payment from your carrier, we request that you pay your balance and collect payment from the insurance company. We will gladly provide any necessary information to allow you to resolve your claim.

I _____, have read, understand, and agree to the above office policy. I understand that I am fully responsible for the cost of services rendered, regardless of my insurance.

Signature _____ Date _____